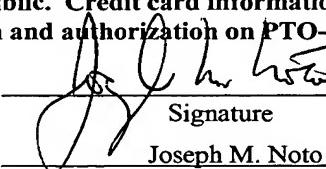




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 20959/1680 (P54746)										
<p><b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>June 22, 2004</u></p> <p>Signature: <u>Jo Ann Whalen</u> Name: <u>Jo Ann Whalen</u></p>												
<p>In re Application of Roland Neubert</p> <p>Application Number <u>10/079,071</u> Filed <u>February 20, 2002</u> For FILLER ON THE BASIS OF PARTICULATE COMPOSITE</p> <table border="1"> <tr> <td>Group Art Unit <u>1714</u></td> <td>Examiner <u>Patrick Dennis Niland</u></td> </tr> </table>			Group Art Unit <u>1714</u>	Examiner <u>Patrick Dennis Niland</u>								
Group Art Unit <u>1714</u>	Examiner <u>Patrick Dennis Niland</u>											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>												
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>												
<table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ <u>110</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td> <td>\$ _____</td> </tr> </table>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ <u>110</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ <u>110</u>											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$ _____											
<p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p>												
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>												
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>												
<u>June 22, 2004</u> Date		 Signature <u>Joseph M. Noto</u> Typed or printed name										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>												

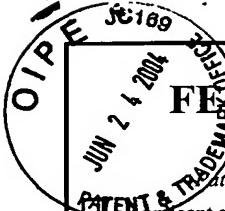
06/28/2004 WABRHAM1 00000023 10079071

02 FC:1251

110.00 OP

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

R778942.1



# FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 164)

**Attorney Docket No.** 20959/1680 (P54746)

<i>Complete if Known</i>																																																																																																																																													
Application Number		10/079,071																																																																																																																																											
Filing Date		February 20, 2002																																																																																																																																											
First Named Inventor		Roland Neubert																																																																																																																																											
Examiner Name		Patrick Dennis Niland																																																																																																																																											
Art Unit		1714																																																																																																																																											
<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Large Entity</th> <th style="width: 30%;">Small Entity</th> <th style="width: 40%;">Fee Description</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051 65</td></tr> <tr><td>1052</td><td>50</td><td>2052 25</td></tr> <tr><td>1053</td><td>130</td><td>1053 130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812 2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804 920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805 1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251 55</td></tr> <tr><td>1252</td><td>420</td><td>2252 210</td></tr> <tr><td>1253</td><td>950</td><td>2253 475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254 740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255 1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401 165</td></tr> <tr><td>1402</td><td>330</td><td>2402 165</td></tr> <tr><td>1403</td><td>290</td><td>2403 145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451 1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452 55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453 665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501 665</td></tr> <tr><td>1502</td><td>480</td><td>2502 240</td></tr> <tr><td>1503</td><td>640</td><td>2503 320</td></tr> <tr><td>1460</td><td>130</td><td>1460 130</td></tr> <tr><td>1807</td><td>50</td><td>1807 50</td></tr> <tr><td>1806</td><td>180</td><td>1806 180</td></tr> <tr><td>8021</td><td>40</td><td>8021 40</td></tr> <tr><td>1809</td><td>770</td><td>2809 385</td></tr> <tr><td>1810</td><td>770</td><td>2810 385</td></tr> <tr><td>1801</td><td>770</td><td>2801 385</td></tr> <tr><td>1802</td><td>900</td><td>1802 900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right;"><small>*Reduced by Basic Filing Fee Paid</small></td> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (3) (\$ 110)</b></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b></td> </tr> <tr> <td colspan="6"> <p>I hereby certify that this correspondence is being:</p> <p><input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450</p> <p><input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____</p> </td> </tr> <tr> <td colspan="2" style="text-align: right;">June 22, 2004</td> <td colspan="4" style="text-align: right;">   <small>Signature</small>  <small>Jo Ann Whalen</small>  <small>Typed or printed name</small> </td> </tr> <tr> <td colspan="6" style="text-align: right;"><i>Complete (if applicable)</i></td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Joseph M. Neto</td> <td>Registration No. (Attorney/Agent)</td> <td>32,163</td> <td>Telephone (585) 263-1601</td> </tr> <tr> <td>Signature</td> <td colspan="2"> </td> <td></td> <td>Date</td> <td>June 22, 2004</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description	Fee Code	Fee (\$)	Fee Code (\$)	1051	130	2051 65	1052	50	2052 25	1053	130	1053 130	1812	2,520	1812 2,520	1804	920*	1804 920*	1805	1,840*	1805 1,840*	1251	110	2251 55	1252	420	2252 210	1253	950	2253 475	1254	1,480	2254 740	1255	2,010	2255 1,005	1401	330	2401 165	1402	330	2402 165	1403	290	2403 145	1451	1,510	1451 1,510	1452	110	2452 55	1453	1,330	2453 665	1501	1,330	2501 665	1502	480	2502 240	1503	640	2503 320	1460	130	1460 130	1807	50	1807 50	1806	180	1806 180	8021	40	8021 40	1809	770	2809 385	1810	770	2810 385	1801	770	2801 385	1802	900	1802 900	Other fee (specify) _____				<small>*Reduced by Basic Filing Fee Paid</small>		<b>SUBTOTAL (3) (\$ 110)</b>				<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>						<p>I hereby certify that this correspondence is being:</p> <p><input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450</p> <p><input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____</p>						June 22, 2004		 <small>Signature</small> <small>Jo Ann Whalen</small> <small>Typed or printed name</small>				<i>Complete (if applicable)</i>						Name (Print/Type)	Joseph M. Neto		Registration No. (Attorney/Agent)	32,163	Telephone (585) 263-1601	Signature				Date	June 22, 2004
Large Entity	Small Entity	Fee Description																																																																																																																																											
Fee Code	Fee (\$)	Fee Code (\$)																																																																																																																																											
1051	130	2051 65																																																																																																																																											
1052	50	2052 25																																																																																																																																											
1053	130	1053 130																																																																																																																																											
1812	2,520	1812 2,520																																																																																																																																											
1804	920*	1804 920*																																																																																																																																											
1805	1,840*	1805 1,840*																																																																																																																																											
1251	110	2251 55																																																																																																																																											
1252	420	2252 210																																																																																																																																											
1253	950	2253 475																																																																																																																																											
1254	1,480	2254 740																																																																																																																																											
1255	2,010	2255 1,005																																																																																																																																											
1401	330	2401 165																																																																																																																																											
1402	330	2402 165																																																																																																																																											
1403	290	2403 145																																																																																																																																											
1451	1,510	1451 1,510																																																																																																																																											
1452	110	2452 55																																																																																																																																											
1453	1,330	2453 665																																																																																																																																											
1501	1,330	2501 665																																																																																																																																											
1502	480	2502 240																																																																																																																																											
1503	640	2503 320																																																																																																																																											
1460	130	1460 130																																																																																																																																											
1807	50	1807 50																																																																																																																																											
1806	180	1806 180																																																																																																																																											
8021	40	8021 40																																																																																																																																											
1809	770	2809 385																																																																																																																																											
1810	770	2810 385																																																																																																																																											
1801	770	2801 385																																																																																																																																											
1802	900	1802 900																																																																																																																																											
Other fee (specify) _____																																																																																																																																													
<small>*Reduced by Basic Filing Fee Paid</small>		<b>SUBTOTAL (3) (\$ 110)</b>																																																																																																																																											
<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>																																																																																																																																													
<p>I hereby certify that this correspondence is being:</p> <p><input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450</p> <p><input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____</p>																																																																																																																																													
June 22, 2004		 <small>Signature</small> <small>Jo Ann Whalen</small> <small>Typed or printed name</small>																																																																																																																																											
<i>Complete (if applicable)</i>																																																																																																																																													
Name (Print/Type)	Joseph M. Neto		Registration No. (Attorney/Agent)	32,163	Telephone (585) 263-1601																																																																																																																																								
Signature				Date	June 22, 2004																																																																																																																																								

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450